

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

111904230044

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In re
**Women First HealthCare, Inc ,
Debtor**

Case Number
04-11278 (MFW)

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case
- Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address:
 06509442000888
**MONICA WILLIAMS (SDN)
Hunter J Williams UTHA/FL
3263 Cobbs Dr
Palm Harbor FL 34684**

Creditor Telephone Number ()

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
60095095

Check here replaces or amends a previously filed claim dated _____ if this claim

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes Wages salaries and compensation (Fill out below)
 Money loaned Other (describe briefly) **STOCK HOLDER** Last four digits of SS # _____
WOMEN FIRST Health care INC Unpaid compensation for services performed from _____ to _____ (date) (date)

2. DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ \$ **1818.00** \$ _____ \$ **1818.00**
(unsecured) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM
 Check this box if your claim is secured by collateral (including a right of setoff)
Brief description of collateral
 Real Estate Motor Vehicle **300 shs.**
 Other **WOMEN FIRST Health care**
Value of Collateral \$ **1818.00**
Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

7 UNSECURED PRIORITY CLAIM
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim
 Wages, salaries or commissions (up to \$4,925) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4)
 Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(6)
 Alimony, maintenance or support owed to a spouse, former spouse or child 11 U.S.C. § 507(a)(7)
 Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)
 Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 pm, Eastern Time on August 31, 2004

BY MAIL TO
Women First HealthCare, Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
PO Box 983
El Segundo CA 90245-0983

BY HAND OR OVERNIGHT DELIVERY TO
Women First HealthCare, Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
1330 East Franklin Ave
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
AUG 19 2004
BMC

DATE SIGNED **8-17-04** SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Monica Williams

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

Women First Healthcare, Inc

00101

RAYMOND JAMES

FINANCIAL SERVICES, INC.

Member NASD/SIPC

Tuesday, August 17, 2004

Account 60095095 WILLIAMS,HJ (727)934-0881 (727)771-0077 6HN7725

Transactions

Posting Page Type Unrealized

Symbol Description	Curr Price	Current Value	Opening Trans Closing Trans	Trade Date	TD Qty	Price/Shr	Total Cost	G/L L/S Term	GNMAE Factor
CPLVZ PROGRESS ENERGY INC - CVO MATY 3/15/07	0 2	3 80	Receive	03/27/2001	19	0 00	0 00	N/A	
WFHCQ WOMEN FIRST HEALTHCARE	0 005	1 50	Buy	11/14/2001	300	5 90	1,819 00	-1,817 50 Long Term	

Cur Sec Value	Total Cost-Unreal	Total Cost-Real	Total Proceeds
5 30	1 819 00	0 00	0 00

Total Gain/Loss Unrealized	Short Term	Long Term	Total
	0 00	-1,817 50	-1,817 50

Note If a gain/loss is not calculated for a taxlot the total cost and/or proceeds for the taxlot is not included in the account totals

Market valuations are based on information we believe to be accurate but accuracy can not be guaranteed Projected Annual income is an estimate only based on year-to-date information This schedule is not intended for tax lending legal or other non-financial planning purposes and should not be relied upon by third parties The cost information provided is believed to be accurate but should not be used for tax reporting purposes

Please read the following conditions as they may pertain to one or more of your investments

- Any gain/loss information shown for fixed income Unit Investment Trusts reflects cost information that is adjusted for return of principal
- Master Limited Partnership gain/loss information does not reflect return of principal
- Discount bonds and bonds purchased at a premium are not adjusted for bond discount accretion or bond premium amortization
- Unrealized gains/losses are not calculated for zero discount coupon bonds
- Gain/Loss and Average Cost will only be reported for securities that have cost basis for all taxlots

***** END OF REPORT *****